PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 APR 25 PM 3:51

DOCUMENT # L12000071189

1 Limited Liability Company's Name

EXOTIC CAR SPA, LLC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
16950 N. BAY ROAD	16950 N. BAY ROAD
Suite Apt #, etc: 1505	Suite, Apt #, etc: 1505
City & State: SUNNY ISLES BEACH, FL	City & State: SUNNY ISLES BEACH, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

D12E541 (3/14)

4 State/Country of Formation: FLORIDA / USA

5 Date Organized or Qualified To Do Business in Florida: 05/29/2012

6 FEI Number: Applied For ☐ Not Applicable ☒

7 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

Rei-2014-248

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04/12/18--01026--001 **793.75

8 Name and Address of Current Registered Agent

Name: RAMIRO A. MELIDA

Street Address (P.O. Box Number is Not Acceptable) Suite: 16950 N. BAY ROAD

Apt # Etc: 1505

City: SUNNY ISLES BEACH State: FL Zip Code: 33160

9 I being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605 F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN

Date: 04/09/18

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Managers	City / State / Zip
MGR	RAMIRO A. MELIDA	16950 N. BAY ROAD # 1505	SUNNY ISLES BEACH, FL 33160
AR	RAMIRO A. MELIDA	16950 N. BAY ROAD # 1505	SUNNY ISLES BEACH, FL 33160

11 E-mail Address: CRISTIAN.AGUERO@SPMEDIACORP.COM
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605 F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 04/09/18 Daytime Phone #: 786-317-3183

Typed or printed name of signing authorized representative/member: RAMIRO A. MELIDA

M. MILLIGAN

APR 25 2018